FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041396 (9)

DIANE SHEA WILLIAMS, P.A.

FILED

Feb 23 1998 8:00am

Secretary of State

2331 BELLEAIR RD SUITE G CLEARWATER FL 36689 US	2331 BELLEAIR RD SUITE G CLEARWETER FL-QUAR. US	774	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 05/22/1995 4. FEI Number	
21 2331 Belleair Rd.	2a. Mailing Address 26 Z381 Bc	lleair Rd.	4. FEI Number 65-0587559	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 STC G- City & State	27 Ste G			Fee Required
23 Clearwater FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country US 25 King US	29 3376H 3	Country	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible → tes No
g. Name and Address of Current I	Registered Agent		10, Name and Address of New Registered	Agent
WILLIAMS, DIANE S		81 Name	WE S. WILLIAM	5
2522 9TH ST. NORTH ST. PETERSBURG FL 33704			ress (P.O. Box Number is Not Acceptable)	د (-
		83		
		84 City	. 1-	85 Zip Code
4.0	1007 4500 F	Clea	arwater Fl	. 33764
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of	riorida. Such change was au	thorized by the corporati		of changing its registered pointment as registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	2/,	2/22
SIGNATURE Signature typied or printed hama of registered against a	CCCAMA (NOTE:	Registered Agent signature require	ed when reinstating) DATE	8/98
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	7.00 THE TOTAL TO STATE OF THE PROPERTY OF THE	☐ Change ☐ Addition
NAME DIANE S. WILLIAMS		1.2 NAME		
STREET ADDRESS 2331 BELLEAIR RD, SUITE G		1.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL		1.4 CiTY - ST - ZIP		
TITLE	☐ DELET E	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	Distre	2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME OTTOGET ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME	DELL'S	4.2 NAME		L change L Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		j
TITLE				
	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	☐ DELETE			Change Addition

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

and the same

2/14/98 (813)507-11604